# NOMS Program Evaluation:
## data collection updates

*PPS NOMS SUPPLEMENTAL changing to **"NOMS PROGRAM EVALUATION"***

# Agenda:

Changes to NOMS Program Evaluation (formerly "PPS NOMS Supplemental")

Report Capabilities

Timeline/ Next steps

# Current Data Collection Forms:

State of Wisconsin PPS AODA Module

State of Wisconsin PPS Mental Health Module

(Milwaukee County) PPS/NOMS Supplemental
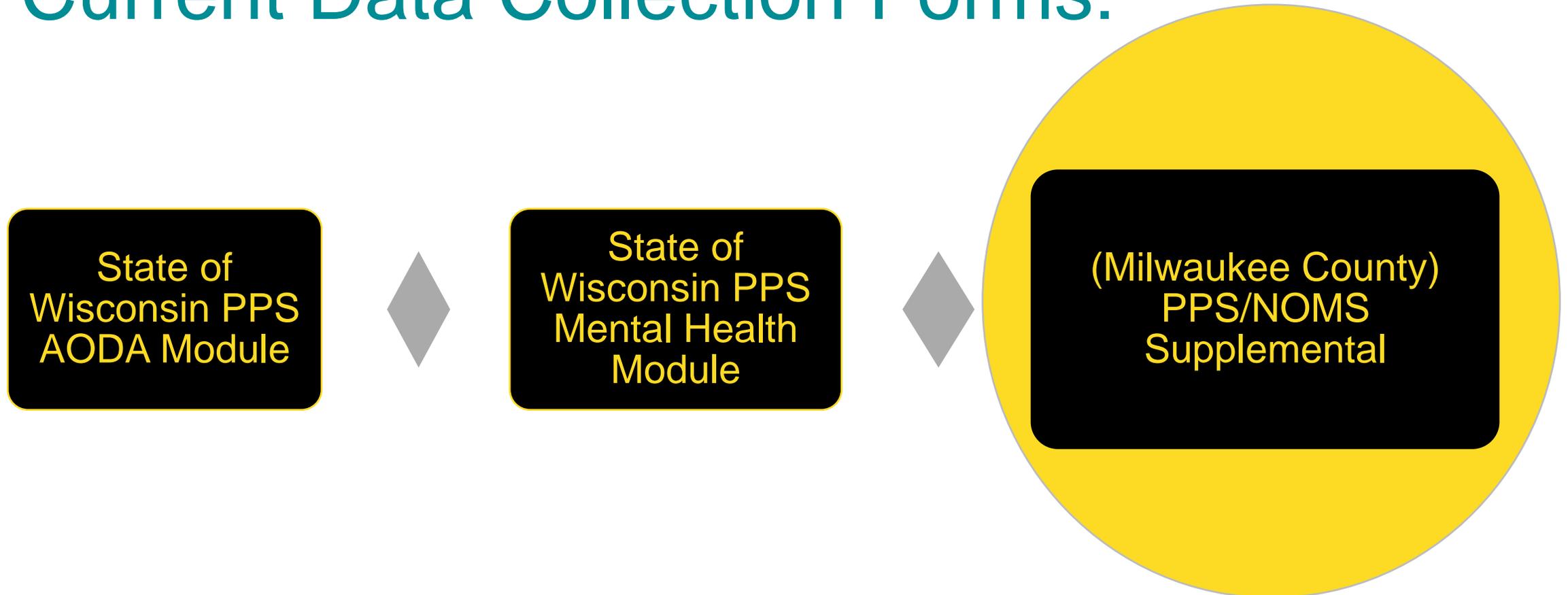
# Change… and Rationale

## 1. NAME CHANGE from "PPS/NOMS SUPPLEMENTAL" to "NOMS PROGRAM EVALUATION"

- WHY? The new name separates itself from State-mandated PPS required documentation, and it more accurately reflects the utility of the tool for Program Evaluation.

# Name Change:

PPS/NOMS Supplemental → NOMS Program Evaluation
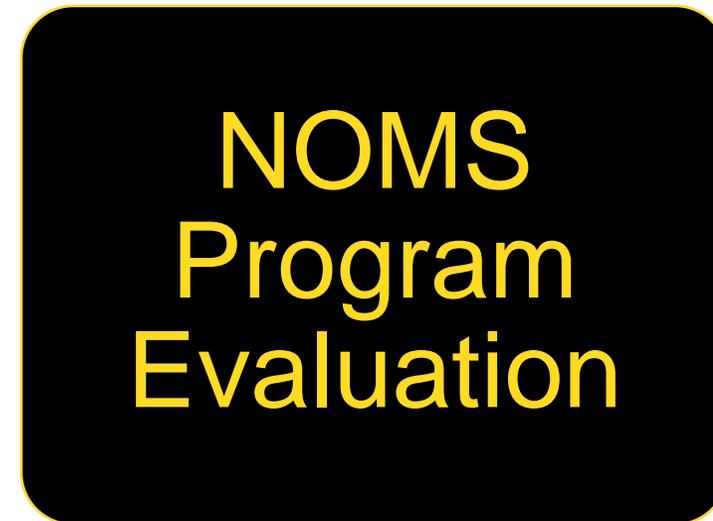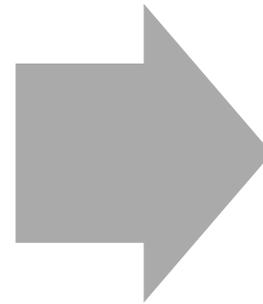
# Change… and Rationale

## 2. The questions themselves are reduced in number and in some cases modified.

- WHY? The questions were reduced and modified to be less burdensome in collection and more meaningful when looking at change over time (both individually and aggregately).

# Reduction/Modification of Questions

**Current:**

About **52** Questions

**New Form:**

**12** Questions
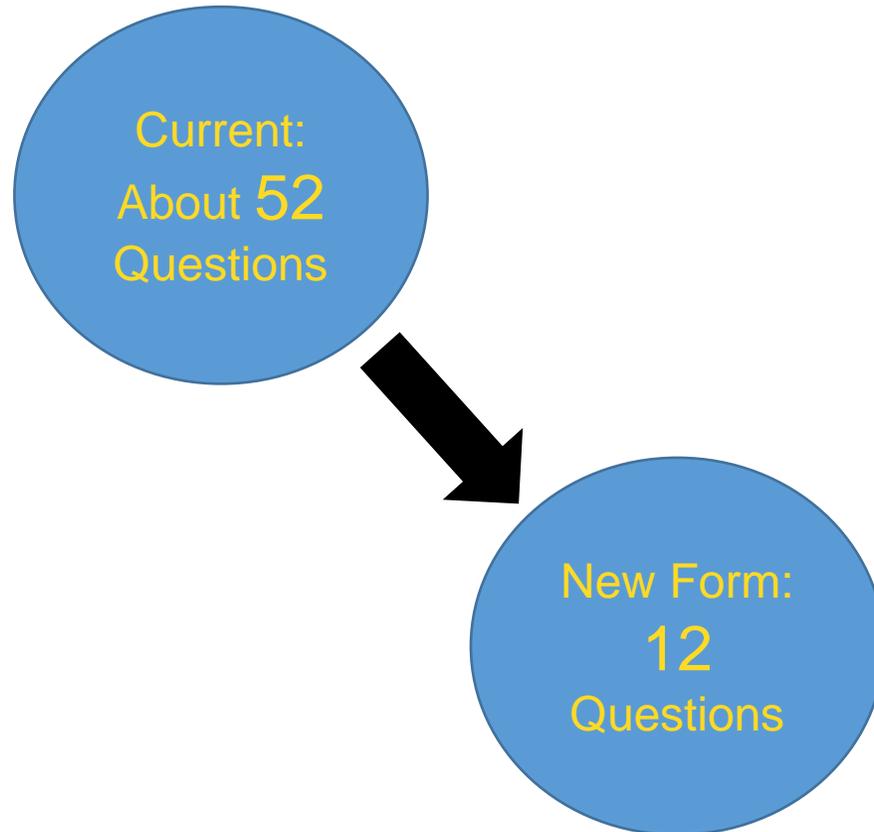
1. In general, how would you rate your physical health?
2. In general, how would you rate your emotional health?**
3. In general, how would you rate your overall quality of life?
4. How many days of depression have you experienced in the past 30 days?
5. How many times in the past 30 days have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)?
6. How many times in the past 30 days have you used illegal drugs or abused prescription drugs?
7. In the past 30 days, how often have you used any tobacco products?
8. Current employment status:
9. Current living arrangement:
10. How many times have you been arrested in the past 30 days?
11. Have you had positive interactions with family or friends in the past thirty days?
12. In the last 30 days, have you received services from either an emergency room, hospital, or detoxification facility?

# Avatar Home Screen



1. Enter a client medical record number (MRN) to search for client specific information

2. Enter "NOMS Prog…" to get a list of Forms and select the Form or Report you want

# NOMS Program Evaluation Form



**1** Select the line that represents the episode you are responsible for completing the NOMS Program Evaluation Form.

When the next screen pops up, you should always select "Add". Making this selection allows you to add to the client record. You'll find the "Add" button on the bottom left of the screen.

# NOMS Program Evaluation Form

**Client Test**
M, 50, 01/01/1971
Ht: 5' 11", Wt: 190

## NOMS Program Evaluation Form

**Initial Entry Date**
[ ] T Y ▲▼

**Initial Entry Time**
[ ] Current H ▲▼ M ▲▼ AM/PM ▲▼

**Assessment Type**
◯ Initial     ◯ Follow Up     ◯ Discharge

**Assessment Completion Date**
[ ] T Y ▲▼

**Assessment Completed By**
[ ]

**Was Client Present?**
◯ Yes     ◯ No

**In general, how would you rate your physical health?**
◯ 1. Poor     ◯ 2. Fair     ◯ 3. Good
◯ 4. Very Good     ◯ 5. Excellent     ◯ 6. Unknown

**In general, how would you rate your emotional health?**
◯ 1. Poor     ◯ 2. Fair     ◯ 3. Good
◯ 4. Very Good     ◯ 5. Excellent     ◯ 6. Unknown

# Change… and Rationale

3. There will be a provider specific report in AVATAR that will provide valuable "change-over-time" program evaluation data.

- WHY? We wanted to give providers the opportunity of evaluating their own performance based on the data from the NOMS Program Evaluation.

# NOMS Program Evaluation Report



The from and to dates are the range of dates where the last NOMS was collected. The report will compare the last collected NOMS to the first collected NOMS for the clients in the date range. The first completed NOMS will be a different range for all clients. Some client may have been in service for 6 months, others may have years worth of NOMS.

1. Enter the date range for the maximum NOMS date

2. Select "All" episodes or select either "Open" or Closed"

3. Select in this box to view a report for all programs for your agency

4. Select in this box to view a report for one or several programs

5. Select in this box to see all programs in a specific level of care

## NOMS Program Evaluation Report

**Assessments Completed Form** 1/1/2021 to 10/31/2021
**Selected Agencies:** ALL Agencies
**Selected Admission Programs:** ALL Admission Programs
**Selected Service Programs:** ALL Service Programs
**Selected RRGs:** ALL RRGs
**Episodes to Include:** ALL Episodes

| | |
|---|---|
| **Total Episodes:** | 2,708 |
| **Total Episodes with Only One Assessment:** | 2,392 |
| **Total Episodes with Multiple Assessments:** | 316 |

**In general, how would you rate your physical health?**

| | | |
|---|---|---|
| Episodes with value on more than one assessment : | 316 | |
| Good or better on first assessment: | 312 | 98.73% |
| Good or better on last assessment: | 314 | 99.37% |

**In general, how would you rate your mental health?**

| | | |
|---|---|---|
| Episodes with value on more than one assessment : | 2 | |
| Good or better on first assessment: | 0 | 0.00% |
| Good or better on last assessment: | 2 | 100.00% |

**In general, how would you rate your quality of life?**

| | | |
|---|---|---|
| Episodes with value on more than one assessment : | 316 | |
| Good or better on first assessment: | 308 | 97.47% |
| Good or better on last assessment: | 312 | 98.73% |

**In general, how would you rate your physical health?**

| | #Filled Out | Good or better on first assessment | | Good or better on last assessment | |
|---|---|---|---|---|---|
| ──────── By Gender ──────── | | | | | |
| **Male** | 198 | 195 | 98.48% | 197 | 99.49% |
| **Female** | 117 | 116 | 99.15% | 116 | 99.15% |
| **Other~INACTIVE** | 1 | 1 | 100.00% | 1 | 100.00% |
| ──────── By Race ──────── | | | | | |
| **Black/African-American** | 167 | 165 | 98.80% | 167 | 100.00% |
| **White/Caucasian** | 130 | 128 | 98.46% | 128 | 98.46% |
| **Alaskan Native/American Indian** | 4 | 4 | 100.00% | 4 | 100.00% |
| **Unavailable** | 7 | 7 | 100.00% | 7 | 100.00% |
| **Asian** | 4 | 4 | 100.00% | 4 | 100.00% |
| **No Entry** | 3 | 3 | 100.00% | 3 | 100.00% |
| **Other~INACTIVE** | 0 | 0 | 0.00% | 0 | 0.00% |
| **Native Hawaiian/Pacific Islander** | 1 | 1 | 100.00% | 1 | 100.00% |
| ──────── By Episode Length of Stay ──────── | | | | | |
| **6 Months or less** | 189 | 186 | 98.41% | 188 | 99.47% |
| **6 - 12 months** | 35 | 34 | 97.14% | 35 | 100.00% |
| **12 Months or more** | 92 | 92 | 100.00% | 91 | 98.91% |
| ──────── By Program ──────── | | | | | |
| **XYZ-AODA-TCM** | 0 | 0 | 0.00% | 0 | 0.00% |
| **XYZ-Crisis Case Management** | 4 | 4 | 100.00% | 4 | 100.00% |
| **XYZ-OP-MH** | 1 | 1 | 100.00% | 1 | 100.00% |
| **XYZ-OP-SA** | 1 | 1 | 100.00% | 1 | 100.00% |

# TIMELINE:
## When will the changes take place?

- The NOMS form will "go-live" on December 1, 2021.

- Additional communication with reminders, training materials, and manuals will be sent out in the coming weeks prior to the go live date

- CARS Research and Evaluation staff will be available to help with access to the REPORT per request.

# Summary of CHANGES:

1. Name Change

2. Reduction/Modification of Questions

3. Provider specific Program Evaluation NOMS Report will become available in AVATAR.

## Special NOTE:

# PPS AODA and PPS Mental Health:

- Forms and Collection requirements remain the same (for now).

- Please continue to complete the PPS as you have been until further notice.

- These report will be disconnected from the NOMS form. You will continue to receive notice that clients are missing the AODA / MH forms at admission and discharge.

# References:

Handbook location - Microsoft Team Channel - Training

Downtime forms - Team Channel - Training

Overview of Program Evaluation NOMS Report – Teams Channel - Training

# NOMS Program Evaluation Form Training

**NOMS PROGRAM EVALUATION HANDBOOK**

# NOMS Program Evaluation Form Training

## NOMS PROGRAM EVALUATION FORM

**Demographic (Provider Connect) / Update Client Data (Avatar) Section**

Is client present: ☐ Yes ☐ No

Client Name:_____ ·Medical Record #_____

Street Address 1 (at time of service): _____

Street Address 2 (apt # / unit # / alternate): _____ Homeless: ☐ Yes ☐ No

City:_____ ·County:_____ ·State:_____ ·Zip Code:_____

Phone #_____(H) ·Phone #_____(C) ·Phone #_____(W)

Gender: ☐ Male ☐ Female ☐ Unknown ·Date of Birth:_____ ·Social Security #_____

Gender Identity: ☐ Male ☐ Female ☐ Genderqueer ☐ Trans FTM ☐ Trans MTF ☐ Other ☐ Chose not to disclose

Sexual Orientation: ☐ Straight/hetro ☐ Lesbian/Gay ☐ Bisexual ☐ Other ☐ Unknown ☐ Chose not to disclose

Race: ☐ Black/African Amer. ☐ White/Caucasian ☐ Native Hawaiian/Pacific Islander ☐ Alaskan Native/Amer. Indian ☐ Asian

Ethnicity: ☐ Hispanic ☐ Not of Hispanic Origin ☐ Unknown

**NOMS Program Evaluation Form Section**

Assessment Date: _____ Assessment Type: ☐ Admission/Initial ☐ Follow up ☐ Discharge

Assessment Completed by: _____ Is client present: ☐ Yes ☐ No

In general, how would you rate your physical health?

☐ 1. Poor ☐ 2. Fair ☐ 3. Good ☐ 4. Very Good ☐ 5. Excellent ☐ 6. Unknown

In general, how would you rate your emotional health?

☐ 1. Poor ☐ 2. Fair ☐ 3. Good ☐ 4. Very Good ☐ 5. Excellent ☐ 6. Unknown

In general, how would you rate your overall quality of life?

☐ 1. Very Poor ☐ 2. Poor ☐ 3. Neither Poor nor Good ☐ 4. Good ☐ 5. Very Good ☐ 6. Unknown

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